

Preparation Guide for an Influenza Pandemic

Prepared by



Preparedness

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Table of Contents

Acknowledgement	2
Acronyms	3
Introduction	4
Developing an Influenza Pandemic Planning Committee	5
Get Overview Information for Your Committee	6
Do an Internal and External Scan	7
Develop Terms of Reference for Your Influenza Pandemic Committee (IPC) and a Work Plan	8
Services and Support during an Influenza Pandemic	9
Operational Priorities	10
Staffing	11
Survey Your Staff	12
Infection Prevention and Control.....	13
Human Resources Policies.....	15
Supporting Staff	16
Serving Specific Populations.....	17
Information, Communications and Education (ICE).....	18
Testing Your Plan.....	19
Maintaining Preparedness	20
Questions and Answers	21
List of References.....	22
Checklist.....	24
Other Checklists Available	26
Other Online Resources	27
Appendix - AOHC as a Liaison Organization	28

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Acronyms

AOHC	Association of Ontario Health Centres
ICE	Information, Communication and Education
IPC	Influenza Pandemic Committee
LHIN	Local Health Integration Network
MOHLTC	Ministry of Health and Long-Term Care
SARS	Severe Acute Respiratory Syndrome
WHO	World Health Organization

Introduction

The Preparation Guide for an Influenza Pandemic was developed for members of the Association of Ontario Health Centres (AOHC) - Community Health Centres (CHCs), Aboriginal Health Access Centres (AHACs) and Community Family Health Teams (CFHTs). AOHC has been asked by the Ministry of Health and Long-Term Care (MOHLTC) to act as a liaison organization during a provincially declared emergency, and has been asked by its members to support preparedness initiatives.

In 2003, the World Health Organization (WHO) declared a Pandemic Alert because of the activity of the H5N1 Influenza A virus among birds. WHO stressed that the world “is now closer to another influenza pandemic than any time since 1968, when the last of the previous century’s three pandemics occurred.”¹ The announcement sparked a flurry of activity among health care systems around the world to prepare for the next influenza pandemic.

In Ontario, it is expected that community-based primary care providers will play a very important role in the next influenza pandemic. The 2008 Ontario Health Plan for an Influenza Pandemic states “Influenza assessment, treatment and referral services will be provided in the community, by primary care practitioners.”² Canadian Medicare was in its infancy when the world last experienced an influenza pandemic, and little guidance is available for community agencies in how best to prepare for a worldwide outbreak of influenza.

This guide is not an attempt to convey a complete list of all the activities that organizations can or should do to prepare for an influenza pandemic. It rather intends to help organizations plan and prepare for an influenza pandemic and support them in finding information and resources for their organizational planning, as well as to pull together the approaches of agencies across Ontario who are making plans. This is not a best practice document. It is a proactive document, based on people’s experiences with seasonal influenza or with the outbreak of SARS, and with imagining what might work.

This material can be used along with information on the Emergency Preparedness and Response section of the AOHC website [www.aohc.org/emergencypreparedness]. The website contains updates and plans from centres that have agreed to share them.

¹ World Health Organization
www.who.int/csr/disease/avian_influenza/phase/en/index.html
² Ontario Health Plan for an Influenza Pandemic (2008) p. 11-1

Developing an Influenza Pandemic Planning Committee

Emergency management programs require organizational commitment and interdisciplinary proactive thinking. The Canadian Standards Association standard on Emergency Management and Business Continuity Programs states “Senior management shall provide leadership and assume overall responsibility, accountability, and authority for the program.”³

Who should be on the committee?

- Management
- Staff members who are interested and can make time
- Primary care providers
- Mental health service providers
- Certified joint occupational health and safety committee members
- Staff / union reps
- Representatives of different sites

³ Canadian Standards Association: Emergency Management and Business Continuity Programs p 4.1

Get Overview Information for Your Committee

An influenza pandemic is a worldwide outbreak of the disease of influenza. Historically, this has happened a few times every century. Influenza pandemics have varied wildly as to their severity.

Your committee will need to know:

- What is an influenza pandemic?
- Why are we doing this now?
- How might an influenza pandemic affect us?
- What is the overall strategy for dealing with pandemic influenza?

Resources are available to help the committee answer these questions. A list of resources is available at the end of this document. Your local Public Health Unit may also be helpful.

The following are two helpful documents to begin your research.

Helpful Resources

World Health Organization (2005):
WHO Handbook for Journalists: Influenza Pandemic
www.who.int/csr/don/Handbook_influenza_pandemic_dec05.pdf

Ontario Public Service Employees Union (2008):
A Healthcare Worker's Guide to Pandemic Influenza
www.opseu.org/hands/Pandemicguide08.pdf

Do an Internal and External Scan

Find out what your committee has to work with locally:

Sample Internal Questions

Do you already have an emergency plan to build on?

Do you have protocols for dealing with seasonal influenza or febrile respiratory illness?

How up to date are your infection prevention and control protocols?

What did your agency learn during the SARS outbreak?

Is the staff in your organization familiar with these protocols?

Sample External Questions

Is there a local flu pandemic planning committee? What are they doing? Can you get involved?

What are other agencies in your area doing to prepare?

Do you share any of your spaces? How could this affect the decisions you can make?

Do any of your funders have a plan?

Develop Terms of Reference for Your Influenza Pandemic Committee (IPC) and a Work Plan

- What are the objectives of your IPC? The objectives of the Ontario Health Plan for an Influenza Pandemic are:
 - To minimize serious illness and overall deaths
 - To minimize societal disruption
- What is the scope for this committee:
 - Pandemic influenza? Seasonal influenza?
 - Any communicable disease? Any public health emergency?
 - Any declared emergencies?
- How will the committee make and track decisions? Does anyone need to approve or review these decisions? When? What are the deliverables and accountabilities?
- What are your committee's assumptions?
- Who has what roles on the committee? Do you want a facilitator?
- What are the steps that you need to take? The sections in this guide may help you to develop a work plan. What is the timeline? Where will meetings occur?
- Does the committee have a budget?
- How often and when will the committee share information or consult with the staff or other groups?

Helpful Resources

Canadian Standards Association: CSA Standard Z1600-08:
Emergency Management and Business Continuity Programs (2008)
www.csa.ca

Ontario Health Plan for an Influenza Pandemic (2008)
Chapter 3: Planning Goals, Approach and Assumptions

University of Toronto Joint Centre for Bioethics (2005):
Stand on Guard for Thee: Ethical Considerations in Preparedness
Planning for Pandemic Influenza
www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf

Services and Support during an Influenza Pandemic

There are many reasons why the program mix of community primary care agencies may temporarily change during an influenza pandemic:

- Employee absenteeism
- Employee redeployment to temporary organizational roles or to fill in for other absent employees
- As an infection prevention and control strategy (e.g. suspending group meetings to promote social distancing)

Develop criteria for what programs and services you will offer during an influenza pandemic.

Consider:

- What kinds of services can be postponed or suspended without causing significant harm?
- How can you promote social distancing?
- How could the closure of schools or day cares affect your programs?
- What programs are most consistent with your plan's objectives?
- What programs might you be expected to add or might you choose to add?
- What will the funding, staffing, equipment and materials implications of these choices be?

Helpful Resources

Ontario Health Plan for an Influenza Pandemic (2008):
Chapter 11: Influenza Assessment, Treatment and Referral
Chapter 16: Community Health Services
Chapter 18: Paediatric Services
Chapter 21: Psychosocial Support

After you have developed the criteria, think about if this were to happen today:

- What programs will you suspend? What programs will you add or continue? What programs could you offer differently?
- Can this be flexible enough to deal with mild, moderate and severe scenarios, based on how many people are getting influenza and how disruptive the pandemic has been?

Operational Priorities

In this section, the term *operations* is used to describe tasks and support mechanisms that happen at your centre. This includes things like strategic planning, operational planning, coordination, transportation, accounting, meetings and cleaning.

Make your best guess as to what the operational priorities of your centre will be during an influenza pandemic. Think about:

- What operations must you have up and running at all times, or without delay to the schedule, in order to stay open? Consider payroll, funder and legal requirements, occupational health and safety, your space. These are the “show-stoppers”: without them - you may not have a functioning organization.
- What operations should you try to have running when you have enough people to concentrate on them? What operations can easily be put aside for a month or longer?

Your best guess now will undoubtedly not be completely correct. But thinking about these things now has at least two advantages over waiting:

- You have time now to consult, debate and think through pros and cons with clear heads.
- You can use your best guess about priorities to build a best guess about a staffing model in the next task.

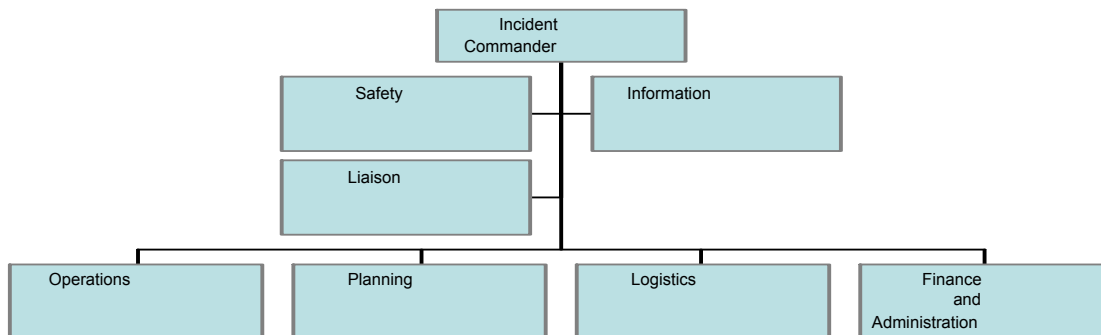
Helpful Hints

An influenza pandemic can happen any time of year. Think about what is important to keep your organization functioning in the summer and winter.

Staffing

Staffing during an influenza pandemic may be very complicated - especially if a lot of staff are absent for brief periods of time. Some centres are developing an alternative temporary staff structure to put in place during this type of emergency. An alternative structure can address the need for a great deal of flexibility in who does what roles as well as the emerging information management and program requirements of the emergency. Consider writing role descriptions of the roles you will need and the skills needed to fill these roles. Consider how many people you need in these roles and - if a pandemic were to happen soon - who could fill these roles and who their back-ups could be.

Many organizations are using concepts from the Incident Management System to plan their human resources structure. The Incident Management System is an internationally used framework for organizing human resources during emergencies.



Helpful Resources

Toronto Public Health (2008) Incident Management System
www.toronto.ca/health/epp/pdf/ims_summry_april2008.pdf

Peel Public Health (2007:) Pandemic Influenza Plan for the Health Sector in Peel: Emergency Response and the Incident Management System
www.region.peel.on.ca/health/pandemic/health-sector-07/pdfs/pandemic-ch6-emerg.pdf

Whether your centre decides to use or adapt this model or not, it is worth considering how your current organizational structure will look different when programs are suspended and new roles are added.

Survey Your Staff

Having determined what roles will exist in your organization during an influenza pandemic, it may be worth determining what skills are needed for each of those roles and who in the organization has those skills. This can facilitate a skills-based redeployment.

Some centres are using skills inventories or surveys to determine:

- Who could be assigned to the roles that you will have during an influenza pandemic
- Who has the skills in your organization that may be needed if other businesses and organizations are overwhelmed and unable to respond?
- What training needs exist to develop preparedness?
- What staff may be unavailable during such an emergency?

Helpful Resources

Ontario Health Plan for an Influenza Pandemic (2008):
Chapter 8: Optimizing Deployment of the Health Workforce
Chapter 8A: Health Human Resources Planning Tools

Many centres are using the opportunity to provide information to their staff on influenza pandemic planning and to document staff concerns and questions. Anonymous surveys can be useful to elicit a lot of information. Consider responding to these questions and concerns in writing.

Helpful Hints

Include the following questions on your skills survey:

What languages do you speak?

What training do you have in infection prevention and control?

Include the following question in your anonymous survey:

What concerns do you have about working during a flu pandemic?

What advice do you have for your planning committee?

Infection Prevention and Control

Many community agencies were not built with infection prevention and control in mind. As an employer, it is critical that centres take all reasonable precautions to ensure the health and safety of staff, clients and anyone else who may enter the facility.

There is a range of strategies that should be considered using the model of the Hierarchy of Controls (the following are examples - they are not an exhaustive list of strategies to consider). The strategies used must be based on a risk assessment.

Engineering Controls

- Barriers, location of hand hygiene stations, easy to clean surfaces and floors, ventilation and open windows

Administrative Controls

- How can you keep flu positive and flu negative clients separated in time and place?
- How will the centre be sanitized throughout the day?

Personal Protective Equipment

- Health organizations in Ontario are expected to stockpile a four-week supply of personal protective equipment and other supplies needed for an influenza pandemic. Many centres are stockpiling more than this. Depending on a risk assessment, staff members may require a fit-tested N95 respirator, eye protection, gloves and a gown when exposed to someone who may have influenza.
- Make an estimate on what a reasonable stockpile of these supplies looks like. See the Ontario Health Plan for an Influenza Pandemic for a suggested supply list. How many people need what equipment for how many days?
- Develop a policy on respirators, including a fit-testing program.

Other Strategies

- How will you promote effective hand hygiene?
- How will you promote influenza immunization?
- What role will prophylactic antiviral use play in your centre?

Helpful Resources

Ontario Health Plan for an Influenza Pandemic (2008):
Chapter 11: Occupational Health and Safety Measures and Infection Prevention
and Control in Health Settings

Chapter 10A: Supplies and Equipment Tools

Provincial Infectious Disease Advisory Committee
www.pidac.ca

Human Resources Policies

Because your organizational objectives may be different during an influenza pandemic, your ideal human resources policies may differ as well. Some centres are considering temporary “shadow policies.”

Consider:

- Will vacation time be temporarily recalled for anybody? Under what circumstances?
- Will any staff work from home? What are the expectations for this?
- Will sick time work any differently? Consider that you probably do not want to incent staff to come to work when ill. A physician’s note may be impossible to obtain during a public health emergency.
- If anyone takes on additional roles during an emergency of this type, will their compensation be affected? If a staff member’s program is suspended, will their compensation be affected?
- Will your overtime policy remain in effect?
- In your local planning context, is staff redeployment to another facility likely? How does this affect human resources policy and occupational health and safety planning?
- Do your centre’s human resources policies include information on care giving during declared provincial emergencies?
- Does your policy on the right to stop or refuse unsafe work adequately address flu pandemic scenarios?
- If your organization is unionized, how do your collective bargains affect this planning? How will you engage the union in these discussions?
- What roles might students and volunteers take on?
- How and when will decisions on these issues be made? Who will make them? What principles will be used?

Helpful Resources

In November 2007, AOHC held a conference called Human Resources Planning and Influenza Pandemics. These presentations are available on the AOHC website at www.aohc.org/emergencypreparedness

Ontario Ministry of Labour: Employment Standards
www.labour.gov.on.ca/english/es

Supporting Staff

Working on the front lines during a public health emergency will be very stressful and all staff will have conflicting responsibilities. Consider new ways that the organization may provide support to staff members and their families. These are likely very dependent on the severity of the outbreak.

Some centres are considering:

- Facilitating car pooling, especially if public transit is limited
- Providing outreach support to any staff who are quarantined or isolated
- In more severe scenarios, supporting staff with accommodation and food supports
- Developing creative plans to support care givers if child cares and schools are closed
- Integrating access to health and social services for staff members and their families into planning
- Ensuring that staff members and their families have access to good information about infection prevention and control, care for someone who may have influenza and the availability of services

Doing an anonymous survey with staff on their questions and concerns can help identify both areas to address and possible solutions.

Helpful Resources

Canadian Policy Research Networks (2008):
Caring for Nurses in Public Health Emergencies. Available at
www.cprn.org/documents/49473_EN.pdf

Ontario Ministry of Health and Long-Term Care: Personal and
Family Care Module
www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_care.html

Serving Specific Populations

Centres are developing specific strategies for the populations that they serve. Many centres are developing particular outreach strategies for isolated clients or patients that are unlikely to access services or accurate information during an emergency of this type.

Some centres are developing lists of clients now - in the preparedness stage - who may require active outreach services. This list could be used in any public health emergency, including heat waves and drinking water emergencies. Having a list like this is especially important for emergencies like pandemic influenza that may have high staff absenteeism.

Population-specific cultural factors must be considered when planning for influenza assessment, treatment and referral. Poverty must be considered when developing strategies to promote preparedness in your community and among clients.

Helpful Resources

Ontario Health Plan for an Influenza Pandemic (2008):
Chapter 20: Guidelines for First Nations Communities

Emergency Management Ontario (2007):
Emergency Preparedness Guide for People with Disabilities / Special
Needs

www.emergencymanagementontario.ca/english/prepare/specialneeds/specialneeds.html

Information, Communications and Education (ICE)

Internal and external communications are the centerpiece of emergency management but can become more difficult as absenteeism rises.

Consider:

- How will staff let your organization know that they can / cannot come in? Does this need to be centralized so that one person at the beginning of the day knows who is able to come to work?
- How will staff find out their roles? Do they need to be able to find out from home so they will know what site to go to?
- How will staff find out infection prevention and control standards and other important information that could change quickly?
- How will staff / clients / partners find out what services are available at your agency and in the community?

Some organizations are developing a Communications Matrix to help consider the various two-way information needs. For example:

Provincial Status ROUTINE			
Stakeholder Group	Communication Needs (To / From)	Communication Methods	Responsibility
Clients / Community Members			
Board of Directors			
Staff Members			
Joint Occupational Health and Safety Committee			
Funders			
Community Partners			

The Incident Management System has designated roles for Information and Liaison. Many agencies are designating a role for one person to receive all of the incoming information: from funders including LHINs, from public health, Important Health Notices from MOHLTC, from professional associations and from the AOHC as your Ministry of Health liaison (see Appendix for more information).

Helpful Resources

Ontario Health Plan for an Influenza Pandemic (2008):
 Chapter 12: Communications
 Chapter 12A: Communications Tools

Testing Your Plan

Testing components of your plan promotes learning and clarity and checks assumptions. There are several ways that centres are testing their plans.

- **Tabletop Exercises:** Write out various scenarios and ask tough questions. Make up lists of which staff members are available on a given day with different rates of absenteeism. Have your Flu Pandemic Committee, Management Team, Joint Occupational Health and Safety Committee or Clinical Team develop answers.
- **Communications Tests:** If you are changing the way that staff will give or receive information, practice this - especially regarding staff reporting in their absenteeism or finding out what role they will assume.
- **Live simulations:** Have staff assume their roles for a set period of time while other people simulate being clients. Test your use of space for screening, services for people with and without influenza. If use of phone services is part of your strategy, test your phone system's capacity. Practice putting on and taking off personal protective equipment safely.
- **Involve community partners** in any of the above, or participate in tests being run by public health.

Maintaining Preparedness

If you made it this far, you have done a lot of work. Don't let it all sit on the shelf. Outline how you will maintain preparedness and who has what responsibilities. Consider:

- Will you keep your staff skills surveys up to date? Will you maintain lists of who can perform what roles?
- Will you maintain a list of clients that you want to reach out to in an emergency?
- How will you maintain your stockpiles of personal protective equipment and other supplies? Who will check for expiry, damage or theft? Who will monitor recommendations and ensure that the stockpile keeps pace with the size of your staff?
- Who will receive newsletters from AOHC, The Ministry of Health Emergency Management Unit and local planners in order to ensure that your plan remains consistent?
- How will you maintain staff infection prevention and control knowledge and skills and a basic understanding of your flu pandemic response?
- How will you maintain your respirator program?
- How will you maintain your next steps list?

Questions and Answers

Is another influenza pandemic inevitable?

We do not know when the next influenza pandemic will be, how serious it will be, or what virus will cause it. Humankind has always experienced influenza pandemics with some regularity and we have no reason to think that this has changed.

What role do Local Health Integration Networks play in influenza pandemic planning?

At the time of writing, the role of LHINs varies across the province.

When will a vaccine for influenza be available? Who will have priority access to the vaccine when it is available?

We do not know when it will be available. The Ontario Health Plan for an Influenza Pandemic states “it will take time after the pandemic strain is identified to develop a vaccine so it will likely not be available for the first wave.”⁴ The Canadian Pandemic Influenza Plan for the Health Sector states “at this time there is no policy decision regarding distribution of the first doses of vaccine across Canada.”⁵

Will antiviral medications be effective? How will they be used?

We do not know how effective antiviral medications will be. We expect that they will be primarily used for treatment. The Ontario Health Plan for an Influenza Pandemic states “To be effective, antiviral treatment must be started within 48 hours of the onset of symptoms, and within 12 to 24 hours to be most effective.”⁶ Some antiviral medications can be used for prophylaxis (prevention). Ontario has committed to “develop a provincial policy on the use of antiviral medications for prophylaxis.”⁷

⁴ Ontario Ministry of Health and Long-Term Care (2008) Ontario Health Plan for an Influenza Pandemic p.9-1

⁵ Health Canada (2008) Canadian Pandemic Influenza Plan for the Health Sector Annex D.

⁶ Ontario Ministry of Health and Long-Term Care (2008) Ontario Health Plan for an Influenza Pandemic p.9-2

⁷ Ontario Public Health Division (2008) National policy recommendations on the use of antivirals for prevention during an influenza pandemic.

List of References

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www.aohc.org/aohc/index.aspx?ArticleID=295&lang=en-CA

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www.cprn.org/documents/49473_EN.pdf

Canadian Standards Association: CSA Standard Z1600-08: Emergency
Management and Business Continuity Programs (2008)
www.csa.ca

Emergency Management Ontario (2007):
Emergency Preparedness Guide for People with Disabilities / Special Needs
www.emergencymanagementontario.ca/english/prepare/specialneeds/specialneeds.html

*Ontario Ministry of Health and Long-Term Care: Ontario Health Plan for an
Influenza Pandemic*
www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_plan.html

Ontario Ministry of Health and Long-Term Care Provincial Infectious Disease
Advisory Committee
www.pidac.ca

Ontario Ministry of Health and Long-Term Care: Personal and Family Care
Module
www.health.gov.on.ca/english/providers/program/emu/pan_flu/pan_flu_care.html

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use of antivirals for prevention during an influenza pandemic.
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Ontario Public Service Employees Union (2008):
A Healthcare Worker's Guide to Pandemic Influenza
www.opseu.org/hands/Pandemicguide08.pdf

Peel Public Health (2007:) Pandemic Influenza Plan for the Health Sector in
Peel: Emergency Response and the Incident Management System
www.region.peel.on.ca/health/pandemic/health-sector-07/pdfs/pandemic-ch6-emerg.pdf

Toronto Public Health (2008) Incident Management System
www.toronto.ca/health/epp/pdf/ims_summry_april2008.pdf

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Pandemic Influenza
www.jointcentreforbioethics.ca/people/documents/upshur_stand_guard.pdf

World Health Organization (n.d) Current WHO phase of pandemic alert.
www.who.int/csr/disease/avian_influenza/phase/en/index.html

World Health Organization (2005):
WHO Handbook for Journalists: Influenza Pandemic
www.who.int/csr/don/Handbook_influenza_pandemic_dec05.pdf

Checklist

Have you:

- Established who has the responsibility in your agency to maintain preparedness?
- Ensured that staff, unions, management, occupational health and safety committees and others have had input into your plan?
- Determined how you will keep informed of planning and policy changes?
- Determined what services and programs you think you will offer during a pandemic?
- Determined your operational priorities during a pandemic?
- Determined how you will organize your staff during high-absenteeism scenarios?
- Performed a risk assessment for infection and developed a range of strategies for infection prevention and control?
- Stockpiled personal protective equipment?
- Reviewed your human resources policies to ensure that they can address a pandemic influenza scenario?
- Determined how your agency will support its staff during a very stressful time?
- Developed outreach strategies based on the populations that you serve?

- Determined how people will communicate during a pandemic?
- Ensured that AOHC has two contact names for use during an emergency?
- Tested or rehearsed your plan?

Other Checklists Available

Department of Health & Human Services - USA (2006) Faith-Cased & Community Organizations Pandemic Influenza Preparedness Checklist
www.pandemicflu.gov/plan/pdf/faithbasedcommunitychecklist.pdf

Department of Health & Human Services - USA (2006) Medical Offices and Clinics Pandemic Influenza Planning Checklist
www.pandemicflu.gov/plan/pdf/medofficesclinics.pdf

Ontario Ministry of Health (2008) Ontario Health Plan for an Influenza Pandemic - Pandemic Preparedness Checklist of Community Health Services
www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_16a.pdf

Toronto Public Health (2007) A Planning Guide for Homeless and Housing Service Providers
www.toronto.ca/health/pandemicflu/pdf/planning_homeless.pdf

Toronto Public Health (2007) A Planning Guide for Day Nurseries
www.toronto.ca/health/pandemicflu/pdf/day_nursery.pdf

Other Online Resources

Canadian Program of Research on Ethics in a Pandemic
www.canprep.ca

Community and Hospital Infection Control Association - Canada
www.chica.org

Ontario Agency for Health Promotion and Protection
www.oahpp.ca

Emergency Management Ontario
www.emergencymanagementontario.ca

Ontario Ministry of Health and Long Term Care: Important Health Notices
www.health.gov.on.ca/english/providers/program/emu/ihn.html

Ontario Ministry of Health and Long-Term Care: Just Clean Your Hands
www.justcleanyourhands.ca

Ontario Safety Association for Community and Healthcare
www.hchsa.on.ca

Public Health Agency of Canada: The Canadian Pandemic Influenza Plan for the Health Sector
www.phac-aspc.gc.ca/cpip-pclcpi

Public Health Agency of Canada: Flu Watch
www.phac-aspc.gc.ca/fluwatch

Regional Infection Control Networks
<http://ricn.on.ca>

Workplace Safety and Insurance Board
www.wsib.on.ca

World Health Organization: Influenza
www.who.int/csr/disease/influenza/en/

Appendix - AOHC as a Liaison Organization

AOHC has been designated to assume the role of *liaison organization* between its membership and the MOHLTC's Emergency Management Unit during an emergency. As such, it will be part of the Health Care Stakeholder Council. Preliminary information about this role is found in the Communications chapter and Communications Tools chapter of the Ontario Health Plan for an Influenza Pandemic 2008 (OHPIP), available at:

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_12.pdf

http://www.health.gov.on.ca/english/providers/program/emu/pan_flu/ohpip2/ch_12a.pdf

AOHC has representation on the Ontario Health Plan for an Influenza Pandemic Communications Subcommittee.

The OHPIP says: "Liaison organizations will have their own crisis communications team. In addition, they will act as a *conduit* of information for their sector. During an influenza pandemic, liaison organizations will take information provided by the MOHLTC and share it with other organizations in their sector and they will also coordinate and synthesize information received from their sector and communicate this information to the MOHLTC in a timely effective manner."⁸

Local versus Provincial

Much of the coordination of the response to the flu pandemic will occur locally. Centres are strongly encouraged to engage with their local partners, especially public health and LHINs, to determine how this will happen.

Some decisions will be made provincially and some communications will occur from the province. This is the level at which AOHC will be involved. The following are examples of topics that may be managed at the local and provincial levels.

Provincial

- Screening tools and epidemiological updates
- Direction re application of Occupational Health and Safety Act and refusal of unsafe work from the Ministry of Labour

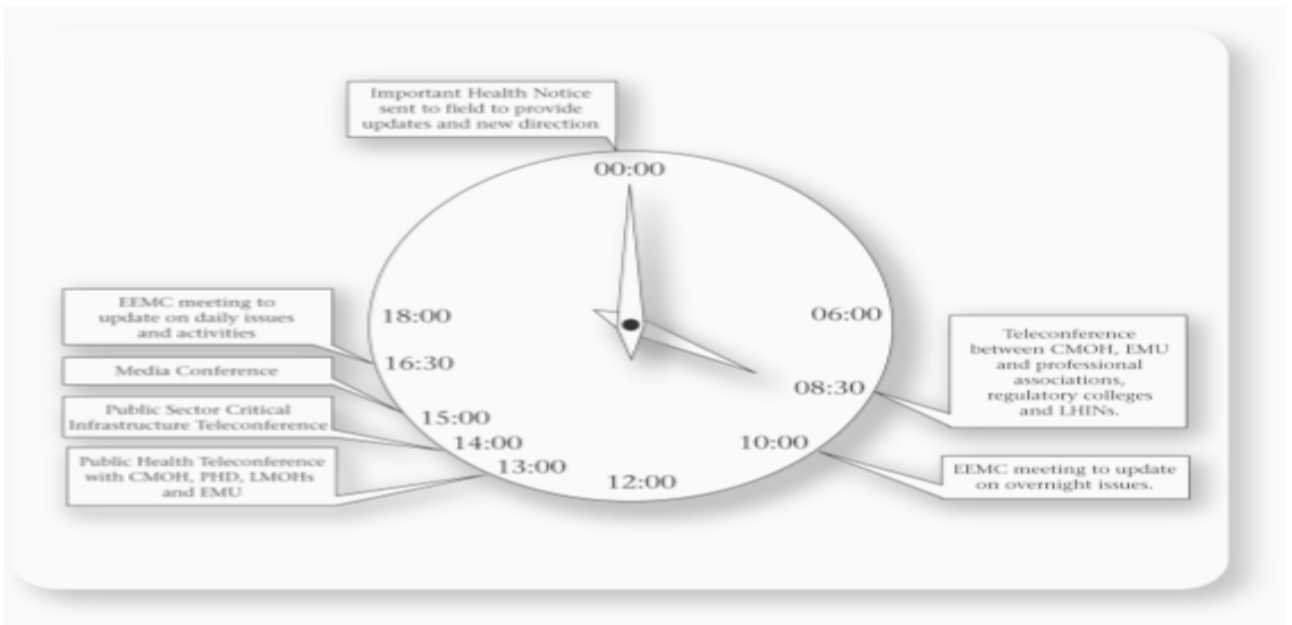
⁸ Ontario Ministry of Health and Long-Term Care (2008) Ontario Health Plan for an Influenza Pandemic p. 12A2-12A3

- Infection control standards, including use of personal protective equipment.
- Changes in scope of practice for health professionals, students and foreign trained professionals.
- Declaration of a provincial emergency.
- Policy regarding use of antiviral medication stockpiles.

Local

- Public health measures (school closures, event cancellation, contact tracing, isolation, quarantine)
- Administration of Influenza Assessment, Treatment and Referral Centres
- Administration of vaccination centres
- Maintaining local surveillance, including investigating outbreaks

The Ontario Health Plan for an Influenza Pandemic includes a schedule for when communications will occur⁹. AOHC will participate on the 8:30 a.m. teleconference.

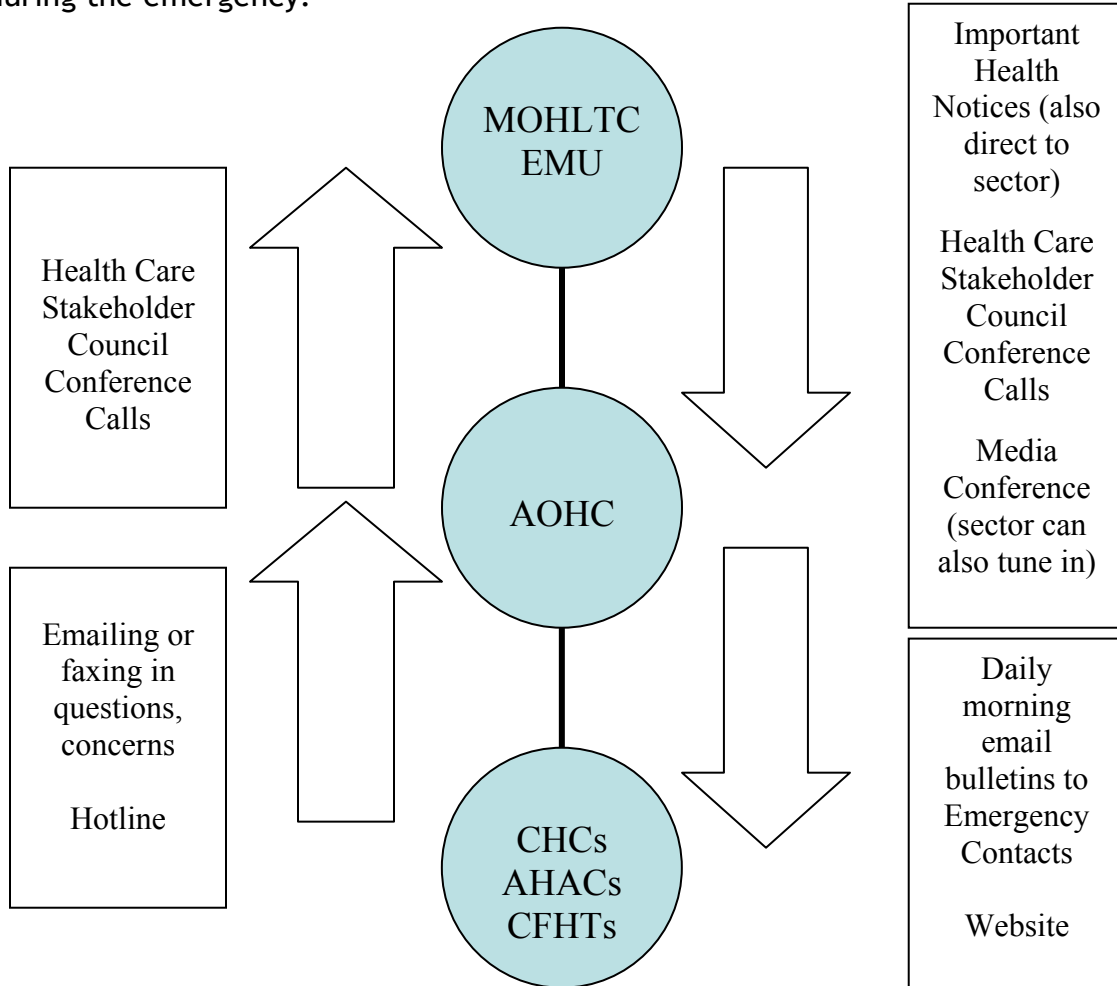


The following diagram illustrates a draft plan outlining the expected information flow. AOHC intends to establish a hotline for the sector to call. Agencies can also receive important Health Notices from the MOHLTC directly,

⁹ Ontario Ministry of Health and Long-Term Care (2008) Ontario Health Plan for an Influenza Pandemic p. 12A4

and can tune into the daily media conferences. It will be important for effective two-way information to be in place.

The number of days a week that AOHC will serve in this role will be confirmed during the emergency.



Liaison Organization Contacts

This document is meant to be a dynamic resource and we will continue to add to it. For comments and suggestions, please contact Roohullah Shabon, Director of Education and Development at education-development@aohc.org.

AOHC would also like to develop and maintain a list of names from each agency that will be the designated contacts. Centres are requested to send these names to Corinne Christie at mail@aohc.org and to update the list should contacts change in the future.